Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>09/13/2010</u>	Address:	1728 N. Hendricks St.
Case#:	96F05893		Terre Haute, IN
County:	Vigo		<u>47804</u>
Type of Laboratory Seizure (check one) Operational Lab Chemical/Glassware/Equipment (only)		Seizure Location (o	check all that apply) Hotel/Motel Open No Structure
_	ite (only)	☐ Vehicle	Other:
(check all the Lithium Red Photosite Red Red Photosite Red Red Photosite Red Red Photosite Red Red Red Red Red Red Red Red Red Re	nd: Location (bedroom, kitchen, open at hat apply) n/Ammonia Reaction(s): Residence osphorous/Iodine Reaction(s): able Solvents: Residence active Metal (Lithium): Residence rous Ammonia: Residence blorie Acid Gas Generator(s): ve Acid: Residence ve Base: Residence item and location):	r, etc)	
Yes No *If yes, fax re This repor	er age 18 discovered (check one) (number present) port to Child Protective Services t is to be faxed to the following ages	☐ Ephedrin☐ Retail/M.☐ Other: cies that serve the I	ocation:
Health Dep	tment: Terre <u>Haute City</u> eartment: <u>Vigo Health Dept.</u> ection Service: <u>Vigo CPS</u>	Fax: <u>812-234-0470</u> Fax: <u>812-234-1010</u> Fax: <u>812-234-1802</u>	
For further information regarding this methamphetamine laboratory, contact Investigating Officer: J. Kempf/ 7922 Phone (765) 653-4114			

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

^{***} This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.